

3721



**TRANSMITTAL LETTER  
(General - Patent Pending)**

Docket No.  
**BFE-5356 (113957-260)**

Re Application Of: **Alberto Siccardi**

Serial No.	Filing Date	Examiner	Group Art Unit
10/087,563	February 28, 2002	Christopher R. Harmon	3721

Title: **SYSTEM TO FORM, FILL AND SEAL FLEXIBLE BAGS**

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

**Amendment Transmittal Letter (duplicate); Response to Office Action (12 pgs.); return receipt postcard.**

in the above identified application.

- ☒ No additional fee is required.
- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. \_\_\_\_\_ as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.

02-1818

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Dated: **March 15, 2004**

**Michael S. Leonard (Reg. No. 37,557)  
Bell, Boyd & Lloyd LLC  
P.O. Box 1135  
Chicago, Illinois 60690-1135  
Tel: 312/807-4270  
Fax: 312/827-8185**

I certify that this document and fee is being deposited on **March 15, 2004** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
Signature of Person Mailing Correspondence

**Renee Street**

Typed or Printed Name of Person Mailing Correspondence

CC:

**AMENDMENT TRANSMITTAL LETTER (Large Entity)**Applicant(s): **Alberto Siccardi**

Docket No.

**BFE-5356 (113957-260)**Serial No.  
**10/087,563**Filing Date  
**February 28, 2002**Examiner  
**Christopher R. Harmon**Group Art Unit  
**3721**Invention: **SYSTEM TO FORM, FILL AND SEAL FLEXIBLE BAGS****TO THE COMMISSIONER FOR PATENTS:**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

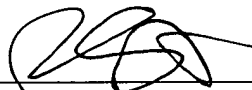
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	35 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	5 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. **02-1818**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.

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